EST AVAILA

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/838678

						- O Q I	٥					
		CLAIMS AS	S FILED - PART (Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER SMALL	
TOTAL CLAIMS								RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			2 minus 20=					X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			/ minus 3 =					X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM P			RESENT									
• If	the difference	in column 1 is	less than zero, enter		r "0" in column 2		' (	+135=		OR	+270=	80
				•		, , , , ,		TOTAL		OR	TOTAL	790-
	U	LAIMS AS A (Column 1)	MENDEL	- PAR (Colu				SMALL ENTITY		OR	OTHER THAN  R SMALL ENTITY	
ENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	· 8	Minus	••	26	=		X\$ 9=		OR	X\$18=	
4ME	Independent	. 2	Minus	***	4	=		X40=		ФÁ	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDENT	CLAIM		<b>,</b>	+135=		OR	+270=	
							4	TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2) .	(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	5.01.4114	-	11	X40=		OR	X80=	
	PIRST PRESE	NTATION OF MI	JUIPLE DEF	ENDEN	CLAIM	<u> </u>	<b>'</b> [	+135=		OR	+270=	
							_ A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BEA OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	1	OR	X\$18=	
	Independent	•	Minus	***		=	Ħ	X40=		OR	X80=	
_	FIRST PRESE	NTATION OF MI	ULTIPLE DEF	PENDENT	CLAIM		J					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  TOTAL ADDIT. FEE  ADDIT. FEE												
		ber Previously Pai					er four	nd in the app	ropriate box	in col	umn 1.	